



One Stop Employment and Training Opportunities

2500 E. Cooley Suite 410
Show Low, AZ 85901
(928) 532-4316
Fax: (928) 532-4367

321 E. 3rd Street
Winslow, AZ 86047
(928) 289-4644 x103
Fax: (928) 289-0450

7 S. Highway 180 Suite 2
Eagar, AZ 85925
(928) 333-4454
Fax: (928) 333-2903

PRELIMINARY APPLICATION FOR WIA PROGRAMS

Name: _____ Telephone Number(s): _____

Social Security Number: _____ Birth Date: _____ Age: _____

Residential Address: _____ City: _____ State: _____ Zip: _____ County: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____ County: _____

Email address(es): _____

How would you like WIA to help you? _____

Who will always know your whereabouts? (**FULL NAME, ADDRESS, & TELEPHONE**)

01. Name: _____ Telephone: _____

Address: _____ Relationship: _____

02. Name: _____ Telephone: _____

Address: _____ Relationship: _____

THE FOLLOWING INFORMATION MUST BE DOCUMENTED FOR ENROLLMENT TO WIA

01. Are you a U.S Citizen? ___YES___NO
02. Are you a Veteran? ___YES___NO
03. Are you the Spouse of a Veteran? ___YES___NO
04. Are you registered with Selective Service? ___YES___NO
05. Are you a Single parent? ___YES___NO
06. Does your family receive TANF, Food Stamps, SSI or Unemployment? (circle all that apply) ___YES___NO
07. How many people live in your home today? _____
08. Are you a foster child? ___YES___NO
09. Are you a runaway? ___YES___NO
10. Are you a teen parent? ___YES___NO
11. Are you homeless? ___YES___NO
12. Do you have a physical or mental impairment that would require special accommodation? ___YES___NO
13. Do you have a substance abuse problem? ___YES___NO
14. Do you have a criminal record? ☐ YES ☐ NO If YES, please explain _____
15. Are you currently enrolled in School? ___YES___NO
16. Last Grade Completed: _____ Year: _____ High School Diploma ☐ GED ☐
17. Vocational School/College: _____ Last School Attended: _____
18. Are you employed? _____ Have you been laid off or received notice of layoff? _____
19. Are you eligible for Unemployment Insurance payments? _____
20. What types of equipment can you operate? _____

WORK HISTORY FOR THE LAST TWO (2) YEARS

01. Employer: _____
Job Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Employed From: ____/____/____ To: ____/____/____ Wage: \$_____ Hours Per Week: _____
Reason For Leaving: _____

02. Employer: _____
Job Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Employed From: ____/____/____ To: ____/____/____ Wage: \$_____ Hours Per Week: _____
Reason For Leaving: _____

03. Employer: _____
Job Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Employed From: ____/____/____ To: ____/____/____ Wage: \$_____ Hours Per Week: _____
Reason For Leaving: _____

APPLICANT RESPONSIBILITIES

1. Provide documents for the determination of eligibility for WIA services
2. Complete the Individual Service Strategy with the Case Manager
3. Attend all appropriate program activities (including Orientation and Assessments)
4. Notify the WIA program promptly of employment, change of address and/or phone number, and separation with all program requirements.
5. Any applicant unable or unwilling to complete any part of this process may be excluded from WIA program enrollment and/or services.
6. I certify that the information provided is true and correct to the best of my knowledge.

I HAVE READ THE STATEMENTS ABOVE AND UNDERSTAND THAT IT IS MY RESPONSIBILITY TO PROVIDE INFORMATION TO THE BEST OF MY KNOWLEDGE AND ABILITY, AND TO ACTIVELY PARTICIPATE IN THOSE SERVICES OUTLINED IN THE INDIVIDUAL SERVICE STRATEGY IN ORDER TO REACH THE PROGRAM GOAL.

Applicant Signature: _____

Date: _____

TO APPLY FOR WORKFORCE INVESTMENT ACT (WIA) SERVICES YOU MUST PROVIDE APPROPRIATE DOCUMENTATION

You are automatically eligible for WIA Adult and Youth services if you receive TANF, Food Stamps, or Supplemental Security Income (SSI), or if you are homeless or a foster child. You may also qualify depending on your income or barriers to employment. Those who have been laid off and qualify for unemployment may be eligible for WIA Dislocated Worker services.

Bring the following documents with you to your appointment. Failure to provide documentation may affect you receiving intensive services or entering training programs.

- ☐ **Picture ID**
- ☐ **Social Security Cards for each member of the family**
- ☐ **Birth Certificate**
- ☐ **DD 214**
- ☐ **Current utility bill or rent receipt showing family name and residential address**
- ☐ **Males 18-26 years old must bring Selective Service card or post office receipt showing registration**
- ☐ **Pay stubs showing total family income for ALL family members for the LAST SIX(6) MONTHS or last pay stub with Year –to-date wages.**
- ☐ **If you have been laid off, your Letter of Notification or Notice of Separation**
- ☐ **Current TANF and/or Food Stamp award letter from DES**
- ☐ **Unemployment Insurance, Social Security, and/or VA Award Letters**
- ☐ **If you are a foster child, bring the Foster Care Agency Letter**
- ☐ **If you have a handicap, bring a letter from the school, doctor, or other agency that states the information about your handicap**
- ☐ **If you are on probation or parole, bring a copy of the conditions of your probation or parole.**

No individual shall be excluded from participation in, denied the benefits of, subjected to discrimination under, or denied employment in the administration or in connection with any such program because of race, color, religion, sex, national origin, age, disability, or political affiliation or belief. This program is an “Equal Opportunity Employer Program” and auxiliary aids and services are available upon request to individuals with disabilities. TDD 1-800-367-8939 TTY – 1-800-347-1695.